

Psychology Postdoctoral Fellowship



Philadelphia Veterans Affairs Medical Center
3900 Woodland Avenue
Philadelphia, PA 19104
(215) 823-5800
<http://www.philadelphia.va.gov/>

Accreditation Status

The fellowship is NOT accredited by the Commission on Accreditation of the American Psychological Association. Questions regarding the accreditation process and status may be addressed to: APA, Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC 20002-4242, (202) 336-5979.

Application & Selection Procedures

Eligibility

According to VA policy, post doctoral funding can be provided only to applicants who are U.S. citizens, who have received a doctorate from an APA-accredited graduate program in clinical or counseling psychology, and who have completed an APA accredited or VA sponsored internship. Please see the psychology training website for a detailed explanation of eligibility requirements for all VA fellowships: <http://www.psychologytraining.va.gov/eligibility.asp>. The Philadelphia VA Medical Center in which our training program resides is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training classes, and we strive to select candidates representing different kinds of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences. All things being equal, consideration is given to applicants who identify themselves as veterans, have VA practicum or internship experience, or demonstrate an interest in a VA career; identify themselves as members of historically underrepresented groups on the basis of racial or ethnic status, as representing diversity on the basis of sexual orientation, or as representing diversity on the basis of disability status. This may be indicated in the cover letter.

How to apply and Selection Process

We rely on the APPIC website for all application materials. Applicants may identify themselves as representing an element of racial, cultural, or other element of diversity within the submitted cover letter.

A selection committee is composed of members of the post doctoral fellowship training committee. The selection committee reviews all materials. Interviews, either telephone or in-person, will be offered to top candidates. Final rankings and offers are determined by consensus of the committee based on written materials and interviews.

Co-Directors of Training

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Psychology Setting

With a full complement of inpatient and outpatient treatment programs, VA Centers of Excellence, and specialty programs designed to meet the healthcare needs of Veterans, the Philadelphia Veterans Affairs Medical Center (PVAMC) delivers an outstanding educational experience across a variety of professions including psychology.

PVAMC Psychology is organized as a section within Behavioral Health. Our Chief Psychologist is Kenneth Sullivan, Ph.D. Under his direction, our service has grown in the past several years from 12 to about 50 doctoral level psychologists. Psychologists serve in a wide range of clinical and research settings including: Primary Care-Mental Health Integrated Care team, the Women's Primary Care Clinic, the VA Home Based Primary Care Program, the Mental Health Clinic (MHC), the Inpatient Psychiatric Unit, the Community Living Center (CLC), the Psychosocial Rehabilitation and Recovery Center (PRRC), the Mental Illness Research, Education and Clinical Center (MIRECC), the Center of Excellence for Substance Abuse Treatment and Education (CESATE), the Center for Health Equity, Research and Promotion (CHERP), the Addictions Recovery Unit (ARU), the Opioid Treatment Program (OTP), the Post-deployment Clinic (PDC), the Pain Clinic, the Sleep Clinic, the Polytrauma Team, and in three community-based outpatient clinics. As members of interdisciplinary teams, psychologists work to operationalize the Patient Centered Medical Home and to facilitate the integration of mental health service into Veteran's healthcare delivery. Furthermore, psychologists are also involved in clinical research projects in collaboration with members of other disciplines throughout the Medical Center.



PVAMC has recruited and retained highly qualified psychologists from a wide variety of theoretical orientations, many from VA training programs, and many of whom specialize in evidence based treatments. Staff include a national VA trainer and consultant in Prolonged Exposure (PE) who is currently the Evidence Based Treatment Coordinator, a trainer in Cognitive Behavioral Therapy (CBT) from the University of Pennsylvania who leads the CBT training program, along with national experts in Motivational Interviewing, Cognitive-Behavioral Treatment for Insomnia, Cognitive Behavioral Therapy for Chronic Pain, and Integrated Behavioral Couples Therapy. There is little staff turnover, assuring continuity of patient care and programs.

The PVAMC has an extensive history of excellence in health profession education and a long history of graduate level psychology training for post-doctoral fellows in the Mental Illness

Education, Research, and Clinical Center and for practicum students. The Psychology Internship began in 2011, and was accredited by APA in March of 2013 until 2020. Our five VA Centers of Excellence and numerous clinical research projects offer an atmosphere of dynamic exchange between rigorous academic research and clinical applications. Furthermore, PVAMC is adjacent to and closely affiliated with the University of Pennsylvania whose psychiatry residents, medical, and nursing students rotate through PVAMC Behavioral Health. PVAMC psychologists are integral to the education of these trainees. The University of Pennsylvania Dean's Award for Excellence in Medical Student Education has been awarded twice in recent years to a PVAMC psychologist. Psychology trainees have access to didactic training in conjunction with the University of Pennsylvania's Psychiatry and Psychology clinical training programs and have opportunities for professional collaboration on clinical and research endeavors with University-affiliated faculty. Almost all PVAMC psychologists have University of Pennsylvania faculty appointments.

Training Model and Program Philosophy

- The philosophy of our psychology training program is best described as scholar-practitioner. We advocate the integration of clinical research with clinical practice. This involves the development of skills in critical analysis of research and the application of research into clinical practice.
- Our training model is developmental and designed to promote professional competence through a sequence of training experiences that are graded in complexity.
- Fellows will become skilled in the delivery of a broad range of mental health services as members of interdisciplinary teams in the VA's integrated healthcare delivery system. The mission of the training program is to provide experiences necessary to function as ethical, scientifically grounded, psychologically flexible, and highly skilled psychologists.
- The training program will provide specific training in implementing team-based care as part of interprofessional teams in primary care and specialty care. Fellows will become skilled in practices that build team effectiveness, foster collaboration and mutual trust among team members, and develop team-based interventions that center on patient needs, values and preferences.
- Training will emphasize the importance of patient-centered care, including matching the level of care with patient need (stepped care) and provision of care via telehealth. Fellows will engage other team members in a collaborative approach to care that involves drawing from the expertise of different disciplines and sharing in problem solving so as to best meet Veterans' needs. Measurement based care, improved access to treatment, and patient preferences in care will be emphasized.
- Trainees will learn how to adapt care in assessment, diagnosis, and intervention to help meet the specific needs of the growing geriatric Veteran population.
- The fellow with emphasis on Mental Health Teams will have an additional educational objective in providing evidence based addiction treatment in a co-morbid population. The fellow with emphasis on PACT will have an additional educational objective in developing skill in evaluation and treatment within a rehabilitation care setting.

Program Goals and Objectives

The mission of the fellowship is to provide experiences necessary to function as ethical, scientifically grounded, psychologically flexible, and highly skilled psychologists. The primary goal is to produce psychologists with advanced training in the practice of clinical psychology and to prepare them for a career working within a VA or other health care setting. Competencies that will be nurtured and assessed during the training are outlined below:

Competence in Psychological Assessment and Diagnosis

- Clinical interviewing and record review skills.
- Differential diagnosis skills and knowledge of DSM-5.
- Complete interview/testing within a reasonable period of time
- Selection, administration, and interpretation of psychological tests/assessments
- Written communication skills of assessment/test results that answers referral question and provides appropriate recommendation.
- Proficient use of assessment in treatment plan formulation and tracking treatment progress.
- Understand effects of medication and medical conditions on functioning.
- Communicate results clearly to patient/family members and other providers.
- Awareness of, and adherence to APA ethical guidelines and ethics in assessment.
- Sensitive to issues of ethnic, culture, gender, or sexual diversity in assessment.

Competence in Psychotherapeutic Interventions, Particularly Evidence-based Treatment

- Ability to establish and maintain rapport with a diverse population
- Present cases within a valid theoretical framework.
- Formulate individualized treatment plans and goals in collaboration with patients
- Deliver therapeutic interventions that are well-timed, effective, and consistent with evidence based treatments.
- Demonstrate ability to intervene in groups skillfully, with focus on each session's goals and tasks.
- Recognizes and appropriately respond to patient crises.
- Coordinate care with other providers.
- Demonstrate knowledge of and ability to successfully apply 1 or more evidence based treatments.
- Use assessment data to help guide treatment decisions and inform patient of treatment progress.
- Awareness of how personal issues can interfere with therapy.
- Awareness of, and adherence to APA ethical guidelines and ethics in treatment.
- Sensitive to issues of ethnic, cultural, gender, or sexual diversity in treatment.

Competence in Consultation and Supervision

- Ability to determine and clarify referral issues
- Effectively communicate assessment and/or intervention results to team, referral source, patient, and/or family.
- Rapidly and effectively translate complex biopsychosocial issues to other professionals.
- Provide colleagues and other trainees feedback and guidance (such as group supervision and/or case conferences).
- Demonstrate the ability to utilize supervision and mentoring regarding professional development and growth.
- Effectively handle ethical and boundary issues in supervision.

- Awareness of, and adherence to APA ethical guidelines and ethics in consultation and/or supervision
- Sensitivity to issues of cultural and individual diversity relevant to consultation and/or supervision.

Professional Issues

- Aware of need for and receptive to supervision and seeks consultation/supervision as needed.
- Well prepared for supervisory meetings and effectively present clinical material in supervision
- Respond to consultation/supervision with constructive action or changes.
- Awareness of own competence and limitations as a clinician and possess appropriate level of confidence in abilities.
- Awareness of continuing developmental professional goals.
- Interact effectively with other staff.
- Demonstrate accountability, dependability, and responsibility.
- Exercise good judgment as a professional.
- Actively participate in seminars/didactics.
- Demonstrate ability to document patient contacts timely and effectively.

Scholarly Inquiry

- Awareness of current literature, research and theory in assessments and intervention, including evidence based treatments.
- Demonstrate initiative to seek out professional writings regarding assessment and intervention.
- Demonstrate ability to apply current scientific knowledge to the clinical setting.
- Provide quality oral presentations in case conferences, seminars, etc.
- Propose realistic goals for scholarly activities for the year.
- Effectively develop and carry out a research project over the course of the training year.
- Awareness of, and adherence to APA ethical guidelines and ethics in scholarly inquiry.
- Sensitive to issues of cultural and individual diversity relevant to scholarly inquiry.

Ethics and Sensitivity to Diversity

- Overall awareness of APA ethical guidelines and ethical issues that arise in professional activities.
- General ability to think critically about ethical issues.
- Overall behavior is consistent with ethical guidelines.
- Overall demonstrate sensitivity to issues related to individual differences and cultural diversity.
- Sensitive to issues of ethnic, cultural, gender, or sexual diversity in assessment, treatment, and as relevant to consultation and supervision and scholarly inquiry.

Competence in Interprofessional Collaborative Practice

- Ability to work with other professionals and maintain a climate of respect and shared values.
- Ability to keep Veteran needs and preferences at center of interprofessional team-based care.
- Ability to use knowledge of one's professional role and those of other professionals to address mental and physical health care needs of Veterans.
- Ability to foster communication with team members that enhances development and execution of treatment plans that meet patient care needs.
- Ability to organize and communicate information with patients, families and team

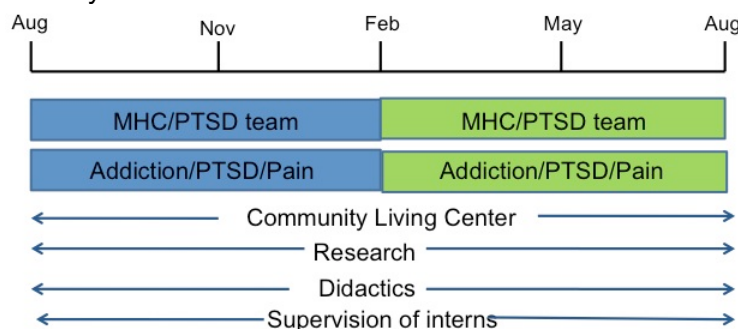
members in an understandable and integrative manner.

- Ability to enhance interprofessional team functioning through active listening, respectful communication, and incorporation of sensitive and constructive feedback among team members.
- Ability to handle interprofessional conflict in a respectful and effective manner.
- Ability to use knowledge of team dynamics and relationship-building values to help teams deliver timely, effective, safe patient-centered care.
- Ability to use process improvement strategies to increase effectiveness of interprofessional team care.
- Ability to use ethical guidelines of different disciplines to guide team-based patient care.
- Ability to be sensitive to issues of ethnic, culture, gender, or sexual diversity when providing team-based patient care.

Program Structure

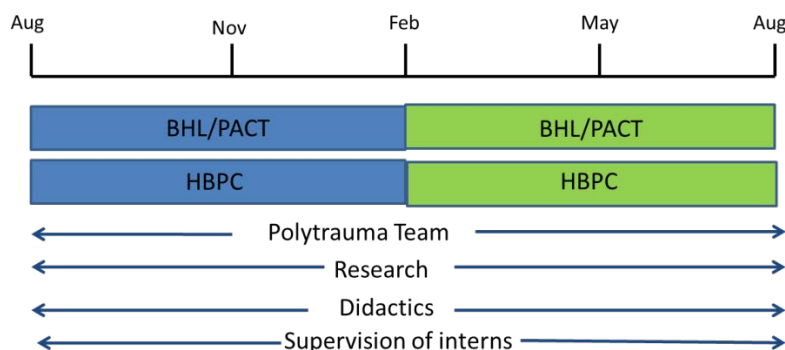
The postdoctoral fellowship is a one year, full-time training experience. Fellows will spend approximately 50% of their time devoted to the direct provision of clinical services. In addition, they will receive at least 2 hours of supervision/week. Fellows will take an active role in developing their own training plan and in adjusting it to meet their needs and emerging interests. Both fellows will receive experiential and didactic training in interprofessional team-based care and adaptations of evidence-based care for a geriatric population, with the provision of some care through telehealth services. Apart from this central training, Fellows will function in different capacities determined by the core emphasis. The Interprofessional Curriculum will include a) Clinical Experiences, i.e. experiential learning, along with b) Didactics, c) Research, and d) other training experiences.

The postdoctoral fellow with emphasis on interprofessional care in the Outpatient Mental Health Clinic (MHC) will spend the majority of their clinical time during the 12 month training functioning as part of the PTSD team within the outpatient Mental Health Clinic. In addition, the fellow will have year-long experiences working as part of the Addiction Recovery Unit treating comorbid addiction, PTSD, and/or chronic pain; some care will be delivered via telehealth. The fellow will also have dedicated time weekly to work as part of the interdisciplinary team within the Community Living Center assisting with evaluations, team meetings, and behavioral management with primarily older residents and staff.



The postdoctoral fellow with emphasis on interprofessional care in PACT – Mental Health Integration will spend the majority of his or her clinical time during the 12 month training functioning as part of two primary care treatment teams: the Primary Care Mental Health Integration Team (known as Behavioral Health Lab; BHL) and the Home Based Primary Care Team. On the PCMH team the focus will be on assessment and treatment for newly-returning

veterans in our Post Deployment Clinic. As part of the Home Based Primary Care Team the fellow will provide comprehensive longitudinal primary care in the homes of primarily older veterans with complex chronic disabling disease; some of this care will be via telehealth. The fellow will also have dedicated time weekly to work as part of the Polytrauma Team providing psychotherapy for Veterans with TBI and behavioral health disorders, and working closely with the interdisciplinary treatment team to provide rehabilitation-based treatment and care for Polytrauma veterans.



Training Experiences

Postdoctoral Fellow with Outpatient Mental Health Teams emphasis: The postdoctoral fellow in Outpatient Mental Health will have supplemental training in Substance Use Disorder Care, and specialize in assessment and treatment of co-occurring substance abuse, PTSD, and chronic pain. The fellow will be based in the PTSD Clinical Team, a Mental Health Clinic Team that emphasizes team-based care for Veterans with Complex PTSD. The fellow will, in addition, be a year-long member of the Addiction Recovery Unit (ARU) and the Pain Clinic Team where s/he will deliver some care via telehealth. Additional training in geropsychology will be provided by the Psychologist and interprofessional clinical team at the Community Living Center (CLC).

The PTSD Clinical Team (PCT) is an interprofessional team, directed by a psychiatrist, and comprised of four additional psychiatrists, five psychologists, two social workers, and two nurses. The PCT members are trained in evidence-based practices and are expert at adapting treatment for the aging population of Veterans from the Vietnam War era. This team offers a strong collaborative experience with Veterans' care provided by several team members. The fellow will collaborate with team members on shared patients and co-lead groups with clinicians from other disciplines. Weekly team meetings offer the opportunity for shared decision-making, treatment planning, and discussion of challenging clinical cases. With offices in close proximity, team members regularly consult on clinical care decisions, and meet jointly with Veterans and family members on treatment plans. The fellow will have the opportunity to be trained in Prolonged Exposure Therapy, Seeking Safety, and mindfulness-based approaches and gain expertise in providing these treatments to an older population of Veterans.

For the emphasis area of co-occurring PTSD, substance abuse and chronic pain, the fellow will be a year-long integral member of the ARU and Pain Clinic Team, and be supervised by the SUD/PTSD Psychologist, the ARU Psychologist/Assistant Director, and the Pain Psychologist. The fellow will work closely with other disciplines, and have the opportunity to develop and co-lead groups with psychiatrists, social workers and nurses. In addition, the ARU Director, a

psychiatrist, and a Clinical Nurse on the ARU team will be involved in training and evaluating the fellow's progress. The fellow will optimally serve as a liaison between teams, fostering further communication and collaboration among multidisciplinary practitioners.

The ARU is an outpatient MHC interprofessional team directed by a psychiatrist with a psychologist as assistant director. Other team members include: two social workers, five substance abuse counselors, five psychiatrists, one registered nurse, an ARU psychologist, and an SUD/PTSD psychologist. The team meets several times weekly for clinical issues and treatment redesign and has monthly meetings with CESATE (Center of Excellence for Substance Abuse Treatment and Education) to foster consideration of innovations of care. The fellow will assist in all aspects of this treatment program from initial evaluation of Veterans to provision of state of the art care adapted for older adults. The fellow will have the opportunity to participate in interprofessionally-run Standard Outpatient Groups. Currently, the ARU team is in the process of being trained in the evidence-based treatment of Contingency Management by a CESATE staff member. The fellow will also be trained in this EBP. Individual therapy will also be part of the training experience. The fellow will carry a case load of Veterans with SUD, PTSD and chronic pain with some treatment delivered via telehealth to help improve access to care for this challenging population. The fellow will also become proficient in administration of the Brief Addiction Monitor, a treatment outcome measure developed by the CESATE to assess progress in three core areas of substance use, protective factors, and risk factors.

The fellow will have specialty training in treatment of chronic pain, and work with the interdisciplinary pain team to promote systems policies, interventions and education for safe use of opioid medications and to treat veterans who are demonstrating chemical coping behavior that does not "fit" into traditional SUD treatment models. The medication management of Veterans with past or current SUD issues and chronic pain can be challenging and the PVAMC has developed an interprofessional committee to address potential safety issues and collaboratively develop treatment plans for Veterans currently taking opioid medication. The fellow would be able to participate in this meeting, which includes providers from Primary Care, Pain Clinic, Pharmacy, ARU, and Mental Health, as an opportunity to participate in a thoughtful, collaborative, interdisciplinary approach to the complexity that can present in certain cases. While assessment and evaluation of older Veterans will be an integral part of services provided by outpatient mental health clinicians, the fellow will receive additional training in geropsychology with the psychologist at the Community Living Center (CLC). At this site, the fellow will be an integral member of an interprofessional team, collaborate with psychiatrists, nurses and social workers on clinical care issues, and co-lead staff training in behavioral management.

Postdoctoral Fellow with PACT-Mental Health Integration emphasis: The postdoctoral fellow in PACT will have supplemental training in Physical Rehabilitation. The fellow will be based in the Behavioral Health Lab (the Primary Care Mental Health Integrated care team) and the Home-Based Primary Care (HBPC) team. As part of both of these teams, the fellow will have substantial geropsychology experiences and training and the opportunity to provide care via telehealth as a way to improve access to care. The fellow will have additional experience working as part of the interdisciplinary Polytrauma team providing rehabilitation care.

The Behavioral Health Lab is an interdisciplinary team of technicians, nurses, social worker, psychologists, and a psychiatrist who collaborate within the primary care teams in assessing and treating Veterans with mental health and health behavior change needs. One of the primary care teams, the Geriatric team, focuses on the specific needs of older Veterans. The fellow will have the opportunity to provide immediate assessments and triage working within the

primary care clinics, develop collaborative treatment plans, and deliver evidence based brief treatments for common mental health disorders and substance misuse. Treatment plans, focusing on both the mental health and health behavior needs of the Veteran, are made collaboratively with the Veteran and primary care providers. The fellow will also attend primary care staff and team meetings for continuous communication and collaboration. The fellow will have the opportunity to deliver brief treatments in person, over the telephone, and via telehealth and also participate in interdisciplinary primary care groups or classes for disease prevention and health promotion. In addition, measurement based care is emphasized at the Veteran-level to help guide treatment planning, as well as at the provider- and program-level to allow for continuous performance improvement. The BHL is a high functioning, integrated care team, and as noted above, was recognized by OMHO as a Strong Practice for integrated care.

For further integrated primary care and interprofessional collaboration experience with a greater focus in the geriatric population, the fellow will also be on the HBPC team. As part of HBPC, the fellow will conduct psychological/cognitive assessment, brief psychotherapy, family interventions, and become an active member of an interdisciplinary treatment team. Skills emphasized are: a) development of an understanding of normal functioning in aging, such as age-related changes in cognitive and physical functioning, and common developmental issues/tasks associated with aging; b) assessment of older adults through use of clinical interviewing, psychodiagnostic evaluation, neuropsychological screening, and evaluations of daily living skills; c) individual psychotherapy with older adults with chronic medical illnesses; d) provision of services to the family in coping with caregiving and addressing problems that arise during the course of a medical or mental illness, including dementia; and e) active participation in a treatment team through consultation, staff education, and facilitating team functioning. Telehealth experience will also be emphasized as many visits with Veterans are conducted using Clinical Video Telehealth to Home or CVT. Cases include helping patients cope with grief, depression, anxiety, and other psychological issues related to the aging process, having chronic medical illnesses, and/or other life stressors; interventions to increase compliance with and adjustment to treatment regimens; and working with caregivers to improve patient well-being and treatment compliance.

The fellow will also work closely with the Polytrauma interdisciplinary team, whose members include the Neuropsychologist/Rehabilitation Psychologist, Occupational Therapists, Physical Therapists, Speech Therapists, Case Managers, Social Worker, Nurse Practitioner, Psychiatrists, and Blind Rehabilitation Outpatient Specialist (BROS). The fellow will participate in the weekly interdisciplinary team meeting in which Veteran clients in the Polytrauma Program are reviewed in terms of goals, needs, and treatment planning. Education and training for the fellow will be provided regarding the unique issues and problems associated with dual diagnoses of TBI and behavioral health disorders, and the implications for treatment. The fellow will provide rehabilitation-based therapy (under the close supervision of the Polytrauma neuropsychologist) for Veterans with TBI and behavioral health diagnoses, including PTSD, depression, anxiety, and TBI-related neurobehavioral symptoms (including irritability, low frustration tolerance, impulsivity, decreased motivation, verbal and/or physical aggression). The fellow will also be involved in rehabilitation groups (eg., co-led by Occupational Therapy and the fellow) for Veterans with TBI. In the weekly team meeting, the fellow will provide input with the rest of the Polytrauma interdisciplinary team regarding specific Veteran goals, objectives, and treatment planning, and use assessment for diagnosis and treatment.

Training Sites/Teams

Primary Care Teams (PACT) at the Philadelphia VA Medical Center: The Philadelphia VA Primary Care clinics, including the Women's Health Clinic, are fast-paced, outpatient primary care medical settings. Behavioral health services (known locally as Behavioral Health Lab; BHL) are well integrated into primary care practice following the Patient Centered Medical Home (or PACT) model of treatment. Integrated care teams include the primary care providers, nurses, technicians, social workers, psychologists, a psychiatrist, and, of course, the Veterans. The BHL providers (nurses, social worker, and psychologists) provide consultation, immediate evaluations of Veterans with a wide range of treatment needs, and patient-centered brief treatments addressing mental health symptoms and health behaviors. The Post Deployment Clinic (PDC) is an example of one of the integrated teams. The clinic serves male and female veterans who have served in Iraq and Afghanistan. In the PDC, primary care, behavioral health, and social work are well-integrated, and the initial PDC visit for returning Veterans involves meeting with each of these providers (primary care provider, social worker, and BHL psychologist) to establish an interdisciplinary treatment plan. Of note, the BHL has won multiple awards for providing excellent care using innovative practices, and has been recognized by the Office of Mental Health Operations as a Strong Practice for integrated care.

Home Based Primary Care Team: VA Home-Based Primary Care (HBPC) is a program that provides comprehensive longitudinal primary care for primarily older Veterans with complex chronic disabling disease. The care is delivered in the home or via telehealth by an interdisciplinary team comprised of medicine, nursing, social work, physical therapy, occupational therapy, dietetics, pharmacy, psychiatry, and psychology. HBPC manages patients with multiple interacting chronic medical problems requiring longitudinal intervention to maintain health status, retard functional decline, and reduce or delay institutionalization. In HBPC we also provide support and psychoeducation for caregivers and family members involved in veteran's care, and assist interprofessional team members in managing some of the challenging psychological aspects of treating veterans in their homes.

Polytrauma Team: The Polytrauma Program is an outpatient program within the Department of Physical Medicine and Rehabilitation. The goal is to provide care, assessment, and intervention for Veterans with complex impairments, including at least 2 diagnoses. Many of the Veterans referred for Polytrauma services have TBI, typically Mild or Mild/Moderate. Examples include Veterans with PTSD and TBI, amputation and depression and TBI, or visual impairment and PTSD and TBI. The focus in Polytrauma is on functional goals, improvements, and outcomes (including educational, employment, physical, behavioral health, and psychosocial). Polytrauma as a training site emphasizes an interdisciplinary team-based model aimed at providing clinical services in the form of evaluation, assessment, and treatment to Veterans.

Mental Health Teams: The Mental Health Clinic offers a team-based approach to care and has five interprofessional mental health teams including three general teams, the PTSD clinical team (PCT), and the Addiction Recovery Unit. The PCT is a long-standing interprofessional team that offers general mental health treatment and specialty care to Veterans with histories of trauma. Since its inception in 1990, the PCT has treated Veterans of all wars, as well as military sexual trauma, non-combat military trauma, and non-military trauma. Collaboration of all team members is essential in providing optimal care for Veterans with complex trauma-related disorders. Respect for interprofessional care is also demonstrated in the team practice of members from different disciplines co-leading group therapy and other treatments.

Addiction Recovery Unit Team (ARU): The ARU is an MHC interprofessional team that provides treatment for Veterans with substance abuse disorders that can be optimally treated in an outpatient setting. Strong emphasis on team care and collaboration of psychiatrists, psychologists, social workers, clinical nurse specialist and nurses, and addictions counselors is demonstrated in numerous weekly staff meetings and co-led treatment approaches.

Pain Clinic: The Pain Clinic team is composed of MDs, LPNs, RNs, PAs and Pain Psychologists working together at all levels of pain management from first line primary care to providing tertiary behavioral intervention. As well as offering clinic service the Pain Clinic is a vibrant training ground for this postdoctoral position as well as medical fellows, PA students, addiction fellows and a place where other professional colleagues often reach out for consultation on challenging cases. Thus, this setting offers unique specialty training in treatment of chronic pain by working closely with the Pain Psychologist and all members of the Pain Clinic interdisciplinary team. In addition to being a part of the Pain Clinic, interprofessional experience would be provided on the Opioid Review Committee, comprised of providers from Primary Care, Pain Clinic, Pharmacy, ARU, and Mental Health, to collaborate on management of treatment for Veterans with co-occurring substance abuse and chronic pain. Opportunities for contributing to ongoing systems improvements (policies, referrals and co-management, interventions, etc.) are an exciting part of the macro-interventions and professional development in this rotation.

Community Living Center (CLC): The fellow will receive additional training in geropsychology with the psychologist at the Community Living Center (CLC). The fellow will be trained in STAR VA, evidenced based interventions for persons with behavior problems who have dementia. The fellow will gain expertise in promoting the delivery of STAR VA, psychosocial and environmental interventions for reducing behavioral and psychological symptoms, such as agitation, aggression, wandering associated with dementia, and other neuropsychiatric and mental health conditions. The fellow will also facilitate and promote the transformation of the nursing home to reflect a home-like and person-centered principles by engaging in direct staff training in person-centered interactions with the residents, incorporating environmental modifications, and implementing processes that promote resident autonomy, growth, and individuality. At this site, the fellow will be an integral member of an interprofessional team, collaborate with providers, psychiatrists, nurses and social workers on implementing STAR VA interventions.

Research project

The amount of protected time allotted for research will depend on the fellow's training goals and will be discussed at the beginning of the year with the fellows' supervisors. Fellows will be encouraged to present their work in local, regional, and/or national educational settings, or submit work for publication as appropriate. Fellows will also be required to attend the twice monthly MIRECC Writing Meeting, led by Dr. Hank Kranzler, Professor of Psychiatry, University of Pennsylvania. Fellows will be required to present a writing project, including either a manuscript or grant application, at least once at the Writing Meeting during their training year.

Supervising practicum students and interns

As part of their professional development, all fellows and interns will have the opportunity to supervise an intern and/or practicum student under the supervision of a staff psychologist. Additionally, interns will attend weekly group supervision to continue development of supervisory skills, and fellows will attend the supervisor development series.

Didactics

Psychology Postdoctoral Fellows: The Postdoctoral Fellows would have a minimum of 2 hours a week of didactics including the Fellowship seminar, Supervisor Development, MIRECC writing group and additional didactics related to the fellow's area of emphasis.

- *Fellowship seminar* (1 hr/wk): would include topics such as interprofessional functioning, provision of telemental health, geriatrics, diversity, integrating research into clinical practice and professional development.
- *Supervisor development* (1 hr/mo): attended by fellows and staff psychologists for discussion of common supervision issues and articles relevant to supervisor development.
- *MIRECC Writing Group* (2 hrs/mo): a multidisciplinary meeting (mainly psychiatry and psychology but open to other disciplines) of trainees, junior investigators, and senior investigators that has a goal of helping all attendees advance their writing projects through review and feedback of each project.

Postdoctoral Fellow with Outpatient Mental Health Teams emphasis (at minimum 2 hours/month):

- *Treatment Research Center Didactic* (1 hr/wk): Seminars on addiction presented by University of Pennsylvania faculty
- *Inpatient Behavioral Health Case Conference* (1 hr/wk): Interprofessional conference that includes patient interview and case discussion by invited expert from PVAMC or University of Pennsylvania clinical staff.
- *CESATE/ARU Meetings* (1 hr/mo): Innovations in care for addictive disorders discussed by ARU clinicians and Center for Excellence Substance Abuse Treatment staff with application to ARU patients emphasized.
- *CLC Geropsychiatry Rounds* (2 hrs/mo): Interprofessional meeting led by CLC Psychiatrist
- *CLC Inservice* (1 hr/wk): interprofessional case discussion on behavioral management approaches for residential care.
- *Literary Theory and Mental Health Consultation* (1 hr/8 wks): Interprofessional course led by PVAMC Psychiatrist specializing in Consultation/Liaison with medical staff.

Postdoctoral Fellow with PACT-Mental Health Integration emphasis (at minimum 2 hours/month):

- *Primary Care Integration/Behavioral Medicine journal club* (1 hr/mo): Fellows, interns, and primary care (BHL) psychologists will rotate presenting an article in the field of primary care psychology/behavioral medicine for review and discussion.
- *Primary Care/Behavioral Health Conference Series* (1 hr/mo): Interprofessional case conference where a primary care provider presents a case, followed by a didactic/discussion led by a behavioral health provider.
- *Primary Care-Mental Health Integration National teleconference* (1 hr/mo): National teleconference organized by the Primary Care-Mental Health Integration program office. Variety of topics presented relevant to providing integrated care.
- *Primary Care conference* (3 hrs/mo): organized by Primary Care; variety of topics related to primary care presented by clinical providers at the Philadelphia VA.
- *PACT Virtual Collaborative* (1 hr/mo): Interprofessional teleconference presented by VISN 4.

- *Mental Health HIV/HCV Seminar Series* (2 hrs/mo): National tele-conference designed for psychology trainees and staff and other mental health providers who are working with HIV and/or hepatitis C patients in the VA.

Other potential didactics include:

- *Evidence Based Treatment trainings*: required for interns, encouraged for post-doctoral fellows. At least 3 or more evidence based treatments training are given during the training year, each about 2 days. Offerings may include CBT for depression, Prolonged Exposure, CBT for Insomnia, CBT for Chronic Pain, Motivational Interviewing and ACT. Delivered by PVAMC psychologists who are also national trainers.
- *Cultural Competence/Military Culture brown bag* (2 hours/month): required for interns, encouraged for post-doctoral fellows. Begins the year with a focus on military culture as an introduction to the VA and working with veterans, and then progresses throughout the year to focus on different aspects of diversity including racial and ethnic diversity and sexual orientation.
- *Assessment brown bag* (1 hour/month at the VA and optional 1 hour/month at the University of Pennsylvania): required for interns, encouraged for post-doctoral fellows. Discussion of assessment issues, related scientific literature and complex assessment cases. Monthly attendance at University of Pennsylvania's neuropsychology seminar is optional.
- *Grand Rounds of BHS/PVAMC* (1hour/month): Invited speaker series on topics of interest for interprofessional staff. Optional.
- *Grand Rounds University of Pennsylvania Department of Psychiatry* (1hour/month): optional. Invited speaker series for Psychiatry staff and residents open to Psychology Fellows and Interns.
- *BHS Case Conference* (1hour/month): optional. Interprofessional case conference.

Requirements for Completion

To successfully complete the program, each fellow needs the combination of supervised professional experience, any educational leave (authorized absence), accrued sick and annual (vacation) leave to total 2080 hours (2088 hours in a leap year). In the event of extended sickness, time off for pregnancy and child care, or other exigencies, the fellow may have to be placed on leave without pay (LWOP) status, thereby delaying his or her finishing the fellowship along with the cohort class and necessitating the continuation of training into the subsequent training year. This in no way is meant to be punitive in nature, rather it is just a fact of life associated with signing a letter of commitment for any VA fellowship.

Program Evaluation-Fellow assessment

The effectiveness of the training program's ability in meeting stated goals and objectives will be measured and evaluated through a variety of formal and informal methods. Fellow progress will be evaluated throughout the program by supervisors and the co-Directors of Training. Additionally, fellows will have the opportunity to evaluate both their supervisors and the overall program.

Fellow's development of knowledge and skills relevant to competency areas will be evaluated through direct observation, interviews, surveys, audio tape, video tape, discussion of clinical interaction, review of written work, case presentation, and surveys of interdisciplinary team members. Specific benchmarks and minimal thresholds of achievement will be established for

each goal and objective. These benchmarks will be communicated to fellows at the beginning of the training year. Fellows will be expected to demonstrate intermediate to advanced skills in core competencies of professional psychology.

Performance will be regularly assessed by individual supervisors and multidisciplinary team members. In addition, fellow documentation of clinical work will be reviewed and signed by supervisors. On a quarterly basis, supervisors will give specific written feedback to fellows on their progress toward meeting the established objectives for each goal and implement a remedial program for fellows who fail to progress. Behavioral anchors for each competency and degree of supervision needed will be rated. Fellows will also be monitored by faculty on their contributions to seminars and didactics, and collaboration in research endeavors.

The training committee will meet monthly to evaluate fellow progress. The co-Directors of Training will also interview and/or survey the supervisors directly to determine their evaluation of the fellows' progress. If competency problems are noted during the training year, a remediation process will occur. This process is in the Training Handbook and will be outlined to fellows at the beginning of training. At the end of the year, the Training Committee will summarize fellow's progress and determine whether the fellow has successfully completed the training.

Program Evaluation-*PVAMC Psychology program*

On a quarterly basis, fellows will give supervisors feedback on the quality of their learning experience and supervision, and communicate their perceived strengths and learning needs. At mid year and at the end of training, fellows will complete a written evaluation on the quality of their learning experience and supervision. The Co-Directors will meet with the fellows on a quarterly basis to discuss how the training is going and address any modifications needed to help meet the fellow's training needs. Fellows will also complete an anonymous written evaluation of each weekly seminar to assess quality of didactics and guide future programming. A formal grievance process is described in the training handbook. Incoming fellows will be informed of the procedures to follow when they have a complaint or problem that requires formal resolution.

The Training Committee will meet monthly to evaluate the effectiveness of the training program and provide oversight of supervisory responsibilities including frequency, duration, quality, timeliness, and documentation of supervision. At mid-year, written evaluations completed by the fellows will be submitted to the co-Directors of Training and reviewed and discussed by the Training Committee to consistently monitor and evaluate the effectiveness of the training program and make changes as needed. Surveys will be sent out to former fellows of the proposed program to identify job placement, licensure, how helpful the fellowship was for professional development in retrospect, and the extent to which former fellows have gained VA Psychology positions. The program will be modified based on feedback to meet market demands and achieve the goal of graduating fellows into entry level psychology positions.

Facility and Training Resources

Fellows will be provided with office space equipped with telephone, voicemail and a networked computer for individual psychotherapy and assessment hours, space for telemedicine appointments, and larger rooms for groups. Fellows will also be allotted time and space to allow for peer interaction, support, and socialization. Instruction on the VA's computerized Patient Record System (CPRS) will be given during fellows' initial orientation followed by specific

instruction in documentation of psychological services given by the Co-Directors of Training. Conference space is available for seminars, committee meetings and other didactics.

Fellows will receive the same level of clerical and technical support as a staff psychologist and will have access to computers that offer SPSS and SAS statistical packages. In addition, the PVAMC maintains a professional library that offers an array of bound literature as well as access to various electronic journals, including full access to MEDLINE, ProQuest, New England Journal of Medicine, etc. All fellows will have full access to these resources.

Administrative Policies and Procedures

The Philadelphia VA's policy on Authorized Leave is consistent with the national standard. You are welcome to discuss this with the co-Directors of Training.

Due Process: All trainees are afforded the right to due process in matters of problematic behavior and grievances. A due process document is distributed to every trainee during orientation and reviewed with them subsequently. A copy of our due process policy is available on request.

Privacy policy: We collect no personal information from you when you visit our web site.

Self-Disclosure: We do not require trainees to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting a fellow's performance and such information is necessary to address these difficulties.

Training Committee

PACT Emphasis:

Rosette Biester, Ph.D.

University of North Texas, 1985; *Auxiliary Health Care Provider and Adjunct Assistant Professor in the Department of Physical Medicine and Rehabilitation, U of Penn; Clinical Assistant Professor, Philadelphia College of Osteopathic Medicine*

PVAMC Position: Neuropsychologist, Polytrauma Team

Interests: neuropsychological screening and comprehensive neuropsychological evaluations, rehabilitation-based psychotherapy, mental health disorders and TBI

Amy Helstrom, Ph.D.

University of Colorado, 2003; *Clinical Associate in Psychiatry, U of Penn*

PVAMC Position: Primary-Care Mental Health Integration Team Psychologist; Mental Illness, Research, Education, and Clinical Center Investigator

Interests: PTSD and addictive disorders, behavioral health issues among OEF/OIF veterans

Johanna Klaus, Ph.D.

University of Miami, 2004; *Clinical Associate in Psychiatry, U of Penn*

PVAMC Position: Co-Director of Psychology Training; Director, Primary-Care Mental Health Integration Team (BHL); Co-Associate Clinical Director, VISN 4 Mental Illness Research, Education, and Clinical Center

Interests: Development of evidence-based interventions for primary care delivery, national implementation of primary care-mental health integration

Marla McLaughlin, PhD

Fordham University, 1999

PVAMC Position: Psychologist – Home-Based Primary Care Team

Interests: geropsychology, psychological impact of medical issues, caregiver burden, grief/loss

Outpatient MH Emphasis:

Amy N. André McNamee, Psy.D.

Chestnut Hill College, 2012

PVAMC Position: Assistant Director of the Addictions Recovery Unit, ARU Team Psychologist

Interests: treatment of substance use disorders (SUDs), Chronic Pain Chair of Behavioral Health Outpatient Pain Management Advisory Committee

Susan Del Maestro, Ph.D.

St. John's University, 1988; *Clinical Associate in Psychiatry, U of Penn*

PVAMC Position: Co-Director of Psychology Training, PTSD Clinical Team Psychologist

Interests: treatment of complex PTSD, treatment outcome of chronic/complex PTSD.

Agnieszka Kleczek, Ph.D.

California School of Professional Psychology, 2003; *Clinical Associate in Psychiatry, U of Penn*

PVAMC Position: Psychologist Community Living Center

Interests: Clinical neuropsychology

Lisa Rambaldo, Psy.D.

Wright State University, 2002

PVAMC Position: Pain Psychologist on Pain Service, Clinical Director of Interdisciplinary Pain Rehabilitation Program

Interest: Pain Psychology, Health Psychology/Behavioral Medicine, Mind-body/Holistic Treatment, Neuromuscular Interventions/Yoga, CBT, ACT

Peter Yeomans, Ph.D.

Drexel University, 2008; *Clinical Associate in Psychiatry, U of Penn*

PVAMC Position: SUD-PTSD Psychologist

Interests: PTSD-SUD, family therapy, CPT, moral injury

Additional faculty include:

Emmanuel Estacio, LCSW: Post Deployment Program Manager

Mary Ann Haggarty, NP: Home-Based Primary Care Lead

Francis Lo, MD: Post Deployment Clinic Team Lead, Primary Care Provider

Julie Low, MD: Mental Health Clinic Director

Keith Robinson, MD: Polytrauma Team

Hope Selarnik, MD: Addiction Recovery Unit Director

Andrew Stone, MD: PTSD Clinical Team Lead

Joel Streim, MD, Geriatric Psychiatrist, Community Living Center and Geriatric Primary Care Team

Elena Volfson, MD: BHL Medical Director

Nancy Wiedemer, NP: Pain Clinic Lead

Local Information

The PVAMC is part of the VISN 4 VA Healthcare Network, serving Veterans in the city of Philadelphia, as well as Southeastern Pennsylvania and Southern New Jersey. In addition, the PVAMC manages several community based outpatient clinics (CBOCs), which include clinics in Camden, NJ; Fort Dix, NJ; Gloucester County, NJ; Center City Philadelphia; and Horsham, PA. The PVAMC currently has over 90,000 veterans from varying backgrounds and cultures enrolled for healthcare. It is located a short distance from downtown Philadelphia, and across the street from the University of Pennsylvania campus.

The city of Philadelphia is a center for education and culture. Known as the “City of Brotherly Love,” it is the fifth largest city in the United States. Philadelphia is known for its wealth of American history, active art community, sports teams, and cuisine (the famous Philly cheesesteaks), and also boasts the world’s largest landscaped urban park. Philadelphia is centrally located in the Northeast, only a short car or train ride to Baltimore, Washington, D.C., and New York City and about an hour from the Jersey shore and Atlantic City.

Directions to the Philadelphia VA Medical Center

The Philadelphia VA Medical Center is located at the corner of Univeristy and Woodland Avenues and 38th Street in West Philadelphia. The address is 3900 Woodland Avenue, Philadelphia, PA 19104. For driving directions, please check the PVAMC website at: <http://www.philadelphia.va.gov/visitors/directions.asp>.

Hotels within walking distance include the Sheraton University City Hotel in Philadelphia and the Hilton Inn at Penn.

The Philadelphia VA is also accesible by public transportation. For more information, go to the SEPTA website at www.septa.org.